

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 322-5475



March 19, 1984

ALL-COUNTY LETTER NO. 84-37

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED FOOD STAMP FORMS AND INSTRUCTIONS FOR FOOD STAMP
DISQUALIFICATION PENALTIES AND OVERPAYMENT RECOVERY REGULATIONS

REFERENCE:

This letter transmits an advance endorsed copy of the Fraud Disqualification and Overpayment Recovery Regulations - ORD No. 783-47, filed with the Secretary of State on March 16, 1984. Also attached are revised Food Stamp Program forms and instructions required by these regulations.

Form Changes

Attachment A provides a brief description of the purpose of each form and the major changes which were made. Included with Attachment C are master copies of the English forms, along with their instructions and modification criteria. These instructions were developed primarily as a training tool to assist counties. The instructions address key areas and are meant to supplement the Food Stamp Manual and individual county handbooks. The forms, their instructions and modification criteria will be incorporated into the Food Stamp Program Forms Handbook, Chapter 63-1200, within the next few months. Masters of the forms in Spanish will be provided to the counties the week of March 19, 1984.

Please note that one form (DFA 842, Claim Determination Worksheet), affected by these regulation changes has not been revised. This form is minimally affected by these changes and will remain operable if used with the attached revised form instructions. Revision of the DFA 842 will begin within the next few months.

Implementation

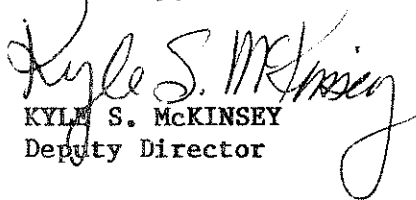
All County Welfare Departments (CWDs) will be required to implement these forms April 1, 1984 in conjunction with the referenced regulations.

All existing approvals to use county-developed forms in place of the three revised forms in this package are rescinded as of the implementation date of the forms.

Because the effective date of these regulations does not allow sufficient time to print the forms and have them available in the Department of Social Services' (DSS) Warehouse prior to implementation, CWDs must print interim supplies until state supplies are available. The DFA 377.7A and DFA 377.7B must be printed with the NA Back 3. Attachment B provides additional information concerning implementation, the dates supplies will be available from the DSS Warehouse, and other ordering information. Orders for these forms should be limited to a two-month supply. All existing supplies of the forms being replaced by the revised forms, as indicated in Attachment B, should be destroyed when the revised forms are implemented.

Should you have any questions please contact your Food Stamp Program Corrective Action Consultant at (916) 322-5475.

Sincerely,


KYLE S. MCKINSEY
Deputy Director

Attachments

cc: CWDA

Description of Forms and Major Changes

DFA 377.7A, FOOD STAMP NOTICE OF ADMINISTRATIVE DISQUALIFICATION

The DFA 377.7A is used by the county to notify an individual that he/she has been found guilty of committing an intentional program violation, that he/she will be disqualified for a certain period of time, and provides information to the rest of the household concerning its eligibility for food stamps during the disqualification period.

The Food Stamp Notice of Administrative Disqualification was revised to delete all references to "fraud", and to reflect the new disqualification penalties and repayment requirements. The back of the notice has been changed to the NA Back 3.

DFA 377.7B, FOOD STAMP REPAYMENT NOTICE

The DFA 377.7B is used by the county to notify an individual that he/she must repay food stamps which were overissued. This notice is initially sent at the same time as the Food Stamp Repayment Agreement, DFA 377.7C, and is sent again if the individual fails to make repayment as agreed. The DFA 377.7B and DFA 377.7C are also sent at 30-day intervals to individuals who are not currently participating in the Program and to individuals whose overissuance resulted from an administrative error. For these individuals allotment reduction cannot be invoked and repayment notices are sent until repayment is made or the criteria for suspending collection action are met.

The Food Stamp Repayment Notice was revised for use with all types of claims (combines current DFA 377.6 and DFA 377.7B). The back of the notice has been changed to the NA Back 3.

DFA 377.7C, FOOD STAMP REPAYMENT AGREEMENT

The DFA 377.7C is used by the county to secure a written repayment agreement with an individual who received extra food stamps. This agreement is sent to the individual along with the Food Stamp Repayment Notice, DFA 377.7B.

The Food Stamp Repayment Agreement was revised to accommodate agreement to repay any type of claim.

DFA 842, CLAIM DETERMINATION WORKSHEET

The DFA 842 is used to document claims against any household that has received more food stamp benefits than it is entitled to receive. This form has a two-fold purpose: 1) completion of the form allows for internal documentation of individual claims, and 2) documentation of individual claims assists counties in gathering information for the monthly report, DFA 209, Status of Claims Against Households.

The first page of the worksheet documents overissuances which occurred within the 12 months prior to the date of discovery. If the basis for the claim determination is inadvertent household error or administrative error, only the first page is completed. If the basis for the claim determination is potential intentional program violation, the first page is completed, if applicable, and the second page is completed for overissuances which occurred more than 12 months prior to the date of discovery. Additional forms may be used as needed to document the amount of claim. However, no amount of overissuance which occurred in a month more than six years from the date the overissuance was discovered or prior to March 1, 1979 may be included.

This form has not been revised. Revised form instructions are provided for use until the form is revised.

Implementation

Form No.	Title	<u>Required Form</u>		Form Replaces	Implementation Date
		No Substitutes	Substitutes Permitted		
DFA 377.7A (3/84)	Food Stamp Notice of Administrative Disqualification	X		DFA 377.7A (6/81)	4/1/84
DFA 377.7B (3/84)	Food Stamp Repayment Notice	X		DFA 377.6 (2/79) DFA 377.7B (6/81)	4/1/84
DFA 377.7C (3/84)	Food Stamp Repayment Agreement	X		DFA 377.7C (6/81)	4/1/84

Form Orders

Orders for the forms contained in this package should be submitted on the GEN 727B, County Forms Order, according to normal procedures. ALL ORDERS SHOULD BE LIMITED TO A TWO-MONTH SUPPLY.

The following information is provided to assist counties complete the GEN 727B. The information applies to both the English and Spanish versions of the form.

Form No.	Title	Revision Date	Unit of Issue	Date Stock Available	Implementation Date
DFA 377.7A	Food Stamp Notice of Administrative Disqualification	3/84	Carbon Sets	5/4/84	4/1/84
DFA 377.7B	Food Stamp Repayment Notice	3/84	Carbon Sets	5/4/84	4/1/84
DFA 377.7C	Food Stamp Repayment Agreement	3/84	Carbonized Pads/100	5/4/84	4/1/84

**FOOD STAMP NOTICE OF
ADMINISTRATIVE DISQUALIFICATION**

Case Name:
Case Number:
District:
Worker:
Phone:
Date of Notice:

DISQUALIFICATION DECISION

- ☐ You were found guilty of committing an intentional program violation at a hearing held on _____. See the State Department of Social Services hearing decision you received earlier for a complete explanation. This decision does not prevent the state or federal government from prosecuting you in court.
- ☐ You were found guilty of committing an intentional program violation by a court of law on _____. See the court decision for a complete explanation.

DISQUALIFICATION PENALTY

As a result of the above decision, you have been disqualified from the Food Stamp Program.

- ☐ Since you are currently otherwise eligible for the Program, you will not receive any food stamps for _____ months, effective _____.
- ☐ Since you are not currently otherwise eligible for the Program, when you reapply and are determined eligible, you will not receive any food stamps for _____ months.
- ☐ You have been permanently disqualified from the Program and will never receive food stamps again.

NOTICE TO THE OTHER MEMBERS OF YOUR HOUSEHOLD

Because of the above decision, your food stamp file has been reviewed to see if you will receive food stamps while _____ is disqualified.

- ☐ Your benefits will change from \$ _____ to \$ _____ effective _____.
- ☐ You would have received \$ _____ in food stamps, but because you had another change in circumstances you will receive a different amount. See the attached Notice of Change for the amount you will actually receive.
- ☐ You are no longer eligible for food stamps as a result of excluding the disqualified individual from your benefit computation. You may reapply for food stamps at the end of the disqualification period or if your circumstances change.
- ☐ Although your certification period is over, you may be eligible for food stamps. To see if you are eligible, you may call, write or visit the county welfare department and request an application.

IF YOU BELIEVE THAT THE AMOUNT OF FOOD STAMPS YOU WILL RECEIVE IS WRONG, YOU MAY REQUEST A STATE HEARING. A REQUEST FOR A STATE HEARING IS ON THE BACK OF THIS NOTICE. IF YOU REQUEST A HEARING, YOUR BENEFITS WILL NOT CONTINUE UNTIL THE HEARING AT THE LEVEL PRIOR TO THE DISQUALIFICATION.

The above action(s) is required by the following Food Stamp Manual Section(s):

If you have any questions, please contact me:	Name	Phone Number
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See the back of this notice for a hearing request.

Form Instructions
(for CWD)

FOOD STAMP NOTICE OF ADMINISTRATIVE DISQUALIFICATION

Purpose:

The DFA 377.7A is used by the county to notify an individual that he/she has been found guilty of committing an intentional program violation, that he/she will be disqualified for a certain period of time, and provides information to the rest of the household concerning its eligibility for food stamps during the disqualification period.

The back of the DFA 377.7A explains the rest of the household's right to request a state hearing if it disagrees with the amount of food stamp benefits it will receive during the disqualification period. If the household requests a hearing, benefits will not continue until the hearing at the level prior to this notice.

Note: If the household has reported a change in circumstances which also affects its benefit level, this change must be computed separately from the disqualification. A Notice of Change (DFA 377.4) showing the change in circumstances must be attached to the DFA 377.7A when: (1) the change in benefits due to the change in circumstances and the change in benefits due to the disqualification are effective the same date, and (2) sufficient time exists for the Notice of Change to be issued on a timely basis. The Notice of Administrative Disqualification must show only the benefit level resulting from excluding the disqualified individual.

Preparation:

The DFA 377.7A should be completed and sent to the individual found guilty of committing an intentional program violation. This notice need not be issued 10 days before the effective date of the disqualification but must be sent in sufficient time for the individual to receive the notice before the disqualification period begins. Complete an original and two copies of the DFA 377.7A entering the following identifying information:

- Individual's name and mailing address
- Case name
- Case number
- Worker number
- District (if applicable)
- Date of Notice

Disqualification Decision

Check the first box if the individual was found guilty of committing an intentional program violation at an administrative disqualification hearing. Enter the date of the hearing.

Check the second box if the individual was found guilty of committing an intentional program violation by a court of law. Enter the date of the court decision.

Disqualification Penalty

Check the appropriate box and enter the specific information concerning the individual's disqualification period.

- Check the first box if the household is currently otherwise eligible to participate in the Program. Enter the number of months the disqualified individual will not receive food stamp benefits and the effective date of the disqualification.
- Check the second box if the household is not currently otherwise eligible to participate in the Program. Enter the number of months the disqualified individual will not receive food stamp benefits when applying and found eligible in the future because of the disqualification.
- Check the third box if the individual has been permanently disqualified.

Notice to the Other Members of Your Household (This section is not completed if the disqualified individual is the only household member.)

Enter the name of the disqualified individual. Check the appropriate box and enter the specific information concerning the household's benefit level after excluding the disqualified individual.

- Check the first box if the rest of the household is still eligible to receive food stamps, and either its benefits for the following month are not affected by a reported change in circumstances, or a timely Notice of Change has already been provided. Enter the current allotment, the new allotment and the effective date of the change.
- Check the second box if the household has reported a change in circumstances which changes the benefit level it would have received based on the disqualification alone, and a timely Notice of Change has not yet been provided. Enter the amount the household would have received based only on the disqualification. Attach a completed Notice of Change explaining the other change(s). If the household requests a state hearing on the benefit level shown on the Notice of Change, benefits will continue pending the hearing at the level shown on the Notice of Administrative Disqualification.
- Check the third box if the household is no longer eligible for food stamps as a result of excluding the disqualified individual from the benefit computation.
- Check the fourth box if the household's certification period has expired.

Manual Section(s)

Enter the applicable specific manual section(s) for the above action(s).

Contact Person

Enter the name and telephone number the household may contact to ask questions.

Distribution:

The original and one copy are provided to the disqualified individual. The second copy is filed in the case record.

FOOD STAMP REPAYMENT NOTICE

Case Name:
Case Number:
District:
Worker:
Phone:
Date of Notice:

EXTRA FOOD STAMPS WERE ISSUED

- ☐ After reviewing your food stamp file, we found you received more food stamps than you were entitled to receive.
- ☐ After reviewing the food stamp file for _____, whom you sponsor, we found he/she received more food stamps than he/she was entitled to receive.

The extra food stamps were issued because:

THIS IS WHAT YOU OWE

\$ _____ in extra food stamps were issued for the period _____.
This amount was reduced by \$ _____ because we owed the household benefits from past months or we received repayment of part of the amount owed. You now owe \$ _____.

If you believe that the amount you owe is wrong, you may request a state hearing, unless you already had a hearing on the amount you owe.

THIS IS WHAT YOU MUST DO

- ☐ You must repay the extra food stamp benefits. Please complete the attached Repayment Agreement, sign and return it to the County Welfare Department.
- ☐ If you do not return an acceptable Repayment Agreement within 30 days after the date of this notice, your household's food stamp benefits will be reduced to \$ _____ effective _____.

YOU DID NOT REPAY AS AGREED

- ☐ You must contact us to explain why you did not repay food stamp benefits as you agreed. If you can no longer afford to pay the amount due as agreed, you may ask to renegotiate your agreement.
- ☐ If we do not hear from you within 10 days of the date of this notice, your household's food stamp benefits will be reduced to \$ _____ effective _____.

The above action is required by the following Food Stamp Manual Section(s):

If you have any questions, please contact me:

Name

Phone Number

You have the right to request a state hearing if you believe this action is wrong. See the back of this notice for a state hearing request.

Form Instructions
(for CWD)

FOOD STAMP REPAYMENT NOTICE

Purpose:

The DFA 377.7B is used by the county to notify an individual that he/she must repay food stamps which were overissued. Collection action is generally initiated against the household which received the overissuance. If household membership has changed since the overissuance occurred, collection action is initiated against either (1) the household containing a majority of the individuals who were household members at the time the overissuance occurred; or, (2) if the household containing a majority of the individuals cannot be located, the household containing the head of household at the time the overissuance occurred. For sponsored alien households, collection action is initiated against the alien household, the sponsor, or both, as appropriate.

This notice is initially sent at the same time as the Food Stamp Repayment Agreement, DFA 377.7C, and is sent again if the individual fails to make repayment as agreed. The DFA 377.7B and DFA 377.7C are also sent at 30-day intervals to individuals who are not currently participating in the Program and to individuals whose overissuance resulted from an administrative error. For these individuals, allotment reduction cannot be invoked and repayment notices are sent until repayment is made or the criteria for suspending collection action are met.

The back of the DFA 377.7B explains the individual's and/or household's right to request a state hearing. The household against whom collection action has been initiated for an intentional program violation may request a state hearing on the amount owed only if a state hearing was not held in conjunction with the administrative disqualification hearing. If the household requests a hearing because of an allotment reduction invoked by the county as a result of the household's failure to repay as agreed an inadvertent household error claim or an intentional program violation claim, the reduction will not be delayed pending the results of the hearing.

Note: The CWD should attempt to contact the individual to discuss the terms of repayment prior to sending the first DFA 377.7B.

Preparation:

The DFA 377.7B should be completed and sent to the individual against whom collection action is initiated.

Complete an original and two copies of the DFA 377.7B entering the following identifying information:

- Name and mailing address of individual against whom collection action is initiated
- Case name
- Case number
- Worker number
- District (if applicable)
- Date of Notice

Extra Food Stamps Were Issued

Complete this section unless the notice is sent because the individual did not repay as agreed. Check the appropriate box for the individual against whom collection action is initiated.

- Check the first box for all collection actions, except those initiated against the sponsor of an alien household.
- Check the second box when collection action is initiated against the sponsor of an alien household. Enter the sponsored alien's name.

In the space provided, explain the reason for the overissuance.

This is What You Owe

Enter the following information for all cases:

- The amount of food stamps overissued.
- The period of time food stamps were overissued.
- The amount of lost benefits not restored and/or payments received used to offset the amount of food stamps to be repaid.
- The amount that the individual now owes.

This is What You Must Do

- Check the first box if this is the first time the DFA 377.7B is being sent to the individual. Attach a Food Stamp Repayment Agreement. In addition, check the first box if the DFA 377.7B has previously been sent for an administrative error or to a household not currently participating in the Program, but the individual did not sign and return a Food Stamp Repayment Agreement. Attach a Food Stamp Repayment Agreement.
- Check the second box when the claim was established for an inadvertent household error or an intentional program violation, and the household is currently participating in the Program (the first box must also be checked). Enter the amount the household's allotment will be reduced to if allotment reduction is invoked, and enter the effective date of the reduction.

You Did Not Repay As Agreed

- Check the first box if the individual has failed to make repayment as agreed.
- Check the second box if the CWD will reduce a participating household's allotment because the individual failed to repay as agreed a claim based on an inadvertent household error or an intentional program violation (the first box must also be checked). Enter the amount the household's allotment will be reduced to, and enter the effective date of the reduction.

Manual Section

Enter the applicable specific manual section(s) for the above action(s).

Contact Person

Enter the name and telephone number the individual may contact to ask questions.

Distribution:

The original and one copy are provided to the individual. The second copy is filed in the case record.

FOOD STAMP REPAYMENT AGREEMENT

	Case Number
	Worker
Name	Case Name
Address	

TERMS AND CONDITIONS

You must repay extra food stamp benefits in one or a combination of the methods described below:

1. Lump Sum Payment — You may repay all or part of the amount owed at one time with cash and/or coupons, including returning coupons already received.
2. Installments — You may repay all or part of the amount owed in monthly installments with cash and/or coupons, including returning coupons already received.
3. Benefit Reduction — If you are currently receiving food stamps, you may repay by having your household's benefits reduced for all or part of the amount owed. Repayment by this method will be based on the terms checked below:
 - ☐ At least 10% of your monthly allotment or \$10 each month, whichever is greater.
 - ☐ At least 20% of your monthly allotment or \$10 each month, whichever is greater.
 - ☐ Discussion with you about the amount to be reduced.
4. Court-Ordered Repayment
 - ☐ The court ordered that you repay as indicated below. These repayment terms cannot be changed by you or by the County.

If we have not already contacted you to discuss the terms of this Agreement, or if you have any questions about this form, please contact me: _____ at (phone number) _____

AGREEMENT

I, _____, the undersigned, understand this Agreement is entered into between me and _____ County because extra food stamps in the amount of \$ _____ were issued. I agree to repay this amount to the County by the method(s) checked below:

1. Lump Sum Payment
 - ☐ Repay by a lump sum cash payment of \$ _____ due on _____.
 - ☐ Repay by a lump sum coupon payment of \$ _____ due on _____.
2. Installments
 - ☐ Repay by monthly cash payments of \$ _____ due on the _____ day of each month beginning _____ through _____.
 - ☐ Repay by monthly coupon payments of \$ _____ due on the _____ day of each month beginning _____ through _____.
3. Benefit Reduction
 - ☐ Repay by having my household's benefits reduced by \$ _____ each month, beginning _____ through _____.

I understand that if my circumstances change, I may ask the County to reconsider the terms checked above. I understand that if I cannot reach an agreement with the County, I may ask for a state hearing.

Signed by _____ on _____ (Date) at _____ County, California.

After completing and signing this Agreement, return all copies to the County Welfare Department in the envelope provided. Do not send cash or coupons through the mail with this Agreement. When accepted by the County, a signed copy of this Agreement will be sent to you. A request for a State Hearing is on the back of the Food Stamp Repayment Notice sent to you with this Agreement.

COUNTY USE ONLY

The above signed Agreement has been accepted by _____ on _____ (Date) for _____ County. Payments should be made at:

(Signature of Authorized County Official)

Form Instructions
(for CWD)

FOOD STAMP REPAYMENT AGREEMENT

Purpose:

The DFA 377.7C is used by the county to secure a written repayment agreement with an individual who received extra food stamps. This agreement is sent to the individual along with the Food Stamp Repayment Notice, DFA 377.7B.

Note: The CWD should attempt to contact the individual to discuss the terms of repayment prior to sending the first Food Stamp Repayment Notice and Agreement.

Preparation:

Complete an original and three copies of the DFA 377.7C. Additional copies may be required by the county's internal system. Enter the following identifying information:

- Case number
- Worker
- Name of individual against whom collection action is initiated
- Case name
- Address

Terms and Conditions

For item 3 check the appropriate box for the formula which will be used for benefit reduction based on the type of claim. Check the first box for a claim based on an inadvertent household error; the second box for an intentional program violation; or, the third box for an administrative error.

Check the box in item 4 if the court ordered the terms of repayment of an intentional program violation claim. Complete the appropriate sections of the Agreement to reflect the court-ordered terms before sending the Agreement to the individual.

Enter the name and number the individual may contact to discuss the Agreement.

Agreement

Enter the individual's name, the county name, and the amount to be repaid in the spaces provided.

If the CWD was able to contact the individual and establish the terms of repayment, check the appropriate box(es) under the repayment options and enter the agreed-upon amounts and dates.

If the CWD was unable to contact the individual or is unable to establish the terms of repayment, do not enter any information under the repayment options.

Initial Distribution:

The original and two copies are provided to the individual along with the Food Stamp Repayment Notice and a return envelope. The third copy is retained by the county pending receipt of the signed Agreement.

County-Use Section

When the signed Agreement is returned by the individual, determine if the terms are acceptable as specified by regulation. Enter the following information in the county-use section:

- Name of county official accepting Agreement
- Date
- Name of county
- Address where payments should be made
- Signature of authorized county official

Final Distribution:

The original is filed in the county unit responsible for collections and one copy, showing the county's acceptance of the Agreement, is provided to the individual. The second signed copy is filed in the case record and the pended copy is destroyed. Additional copies should be distributed as required by individual county needs.

Form Instructions
(For Eligibility Worker)

CLAIM DETERMINATION WORKSHEET

Purpose:

The DFA 842 is used to document claims against any household that has received more food stamp benefits than it is entitled to receive. This form has a two-fold purpose: 1) completion of the form allows for internal documentation of individual claims, and 2) documentation of individual claims assists counties in gathering information for the quarterly report DFA 209, Status of Claims Against Households.

The first page of the worksheet documents overissuances which occurred within the 12 months prior to the date of discovery. If the basis for the claim determination is inadvertent household error or administrative error, only the first page is completed. If the basis for the claim determination is potential intentional program violation, the first page is completed, if applicable, and the second page is completed for overissuances which occurred more than 12 months prior to the date of discovery. Additional forms may be used as needed to document the amount of claim. However no amount of overissuance which occurred in a month more than six years from the date the overissuance was discovered or prior to March 1, 1979 may be included.

For example, if the date of discovery is March 10, 1984, an inadvertent household error claim or administrative error claim covering the period March 1983 through March 1984 would be documented on the first page. A potential intentional program violation claim covering the period January 1, 1979 through March 1984, with a discovery date of March 10, 1984, would be documented as follows: March 1983 through March 1984 would be documented on the first page. February 1983 through March 1979 would be documented on the second page and additional pages as needed. Do not establish a claim for January and February 1979.

Note: Collection action on claims covering overissuances which occurred within the 12 months prior to the date of discovery may be initiated immediately regardless of the basis for the claim determination. Collection action on claims covering overissuances which occurred more than 12 months prior to the date of discovery may be initiated only after an individual has been found guilty of committing an intentional program violation.

Preparation:

Complete the number of copies required for your internal system as soon as an overissuance is discovered and it is determined that a claim should be established.

1-7. Enter the following identifying information:

- Name of Head of Household
- Case Name (if different)

- Case Number
- Address
- Telephone Number
- Birthdate
- Social Security Number

Note: If a claim applies to a sponsored alien household, enter the name of both the head of household and the sponsor in item 1. Document if collection action is initiated against the sponsor, the alien, or both.

8. Date of Discovery

Enter the date the overissuance became known to the CWD.

9. Basis for Claim Determination

Check the appropriate box for the cause of the overissuance. For purposes of completing this section, the types of claims are as follows:

- Inadvertent Household Error Claim (Check household error box on form.)

A claim in which an overissuance was caused by a misunderstanding or unintended error on the part of the household (or sponsor of an alien household).

- Administrative Error Claim (Check administrative/procedural error box on form.)

A claim in which the overissuance was caused by the CWD.

- Potential Intentional Program Violation Claim (Check potential fraud box on form.)

A claim in which a household member is suspected of intentionally violating program rules or regulations to receive more food stamps. A claim is handled as an intentional program violation claim only after an administrative disqualification hearing official or a court of appropriate jurisdiction has determined that a household member (or the sponsor of an alien household) has committed an intentional program violation.

10. Explanation of Overissuance

Explain how and why the overissuance occurred. If the overissuance resulted from a change in circumstances, indicate the date the change occurred and the date the household reported the change to the CWD.

11. Summary of Food Stamp Overissuance

Complete this section for all claims where overissuances occurred within the 12 months prior to the date of discovery. Space is provided for 14 months to include the current month's issuance if benefits have already been issued at the time the worksheet is completed, and to include the following month's issuance if sufficient time does not exist to provide a timely notice of benefit reduction. If potential intentional program violation and only a few months fall within the 12-month period prior to the date of discovery include only those months in this section. Record the remaining months on the second page (Item 14).

Issuance Month and Year

Enter the month and year of all overissuances which occurred within the 12 months prior to the date of discovery. Enter the date for the current and following month's issuances, if appropriate.

Actual Basis for Issuance

- HH Size

Enter the household size used in the original benefit computation.

- Adjusted Income

Enter the net adjusted income from the original benefit computation.

- Allotment

Enter the allotment actually received by the household for each overissuance month.

Correct Basis for Issuance

- HH Size

Enter the correct household size for each overissuance month.

- Adjusted Income

Enter the correct net adjusted income for each overissuance month.

- Allotment

Enter the correct allotment the household should have received.

Issuance Verification

Use of this section to verify issuance of the benefits covered by the claim is a county option. If this section is not used for this purpose, verification of issuance must be documented in some other manner. For verification of ATP usage, the DFA 332.1, Verification of Food Stamp ATP Usage, may be used.

Check the type of issuance (direct mail, ATP or HIR). Verify redemption of the ATP/HIR by noting the date of redemption, serial number or other appropriate information in the redemption column.

11a. Total

Enter the total food stamp allotment actually received by the household for the overissuance months.

11b. Total

Enter the total food stamp allotment which should have been correctly received by the household for the overissuance months.

12. Total Food Stamp Overissuance

Subtract correct total allotment (11b) from allotment actually received (11a) and enter the remainder.

13. Claim Offsetting Lost Benefits Not Restored

Complete this section only if the household is due lost benefits which have not been restored or payment against the claim has been received. Enter the date that the claim is offset by lost benefits or payments. Space is provided to record a second offsetting should this occur while the claim is still open. Any additional offsetting may be shown in the documentation section.

13A. Enter total food stamp overissuance from line 12.

13B. Enter any lost benefits not restored.

13C. Enter any payment received toward the claim.

13D. Subtract 13B and 13C from 13A and enter the remainder for the amount of the food stamp claim to be collected.

Signature Block

Enter Eligibility Worker's name and date.

Enter Eligibility Worker Supervisor's name and date of review.

The first page must be signed by the Eligibility Worker and Eligibility Worker Supervisor even if there is a continuation on the second page.

Review By County Review Officer

Use this section to enter the action to be taken to collect the claim, and if it is referred for intentional program violation investigation. This section may also be used to record information such as the dates of repayment notices and the amounts collected; if the claim was suspended, and the date and reason; the date the claim is considered uncollectible and the date collection action is terminated.

14a. Subtotal This Page

Enter the total food stamp allotment received by the household from this page.

14b. Subtotal First Page

Enter the total allotment received by the household from item 11a of the first page.

14c. Total Both Pages

Add 14a and 14b and enter total.

14d. Subtotal This Page

Enter total food stamp allotment which should have correctly been received by the household from this page.

14e. Subtotal First Page

Enter total allotment which should have correctly been received by the household from item 11b of the first page.

14f. Total Both Pages

Add 14d and 14e and enter total.

15. Total Food Stamp Overissuance

Subtract correct total food stamps (14f) from food stamps actually received (14c) and enter remainder.

16. Claim Offsetting Lost Benefits Not Restored

Complete this section only if the household is due lost benefits not restored or payment against the claim has been received and this offsetting was not done on the first page. Enter the date that the claim is offset by the lost benefits or payments. Space is provided to record a second offsetting should this occur while the claim is still open. Any additional offsetting may be shown in the documentation section.

16A. Enter total food stamp overissuance from line 15.

16B. Enter any lost benefits not restored.

16C. Enter any payment received toward the claim.

16D. Subtract 16B and 16C from 16A and enter the remainder for the amount of food stamp intentional program violation claim to be collected.

14. Summary of Food Stamp Overissuance

Complete this section only for potential intentional program violation claims where overissuances occurred more than 12 months prior to the date of discovery.

Issuance Month/Year

Enter the month and year of all overissuances which occurred more than 12 months prior to the date of discovery. Use an additional sheet, if necessary.

Actual Basis for Issuance

- HH Size

Enter the household size used in the original benefit computation.

- Adjusted Income

Enter the net adjusted income from the original benefit computation.

- Bonus/Allotment

Enter the allotment actually received by the household for each overissuance month.

Correct Basis for Issuance

- HH Size

Enter the correct household size for each overissuance month.

- Adjusted Income

Enter the correct net adjusted income for each overissuance month.

- Bonus/Allotment

Enter the correct allotment the household should have received.

Issuance Verification

Use of this section to verify issuance of the benefits covered by the claim is a county option. If this section is not used for this purpose, verification of issuance must be documented in some other manner. For verification of ATP usage, the DFA 332.1, Verification of Food Stamp ATP Usage, may be used.

Check the type of issuance (direct mail, ATP or HIR). Verify redemption of the ATP/HIR by noting the date of redemption, serial number or other appropriate information in the redemption column.

Signature Block

Enter Eligibility Worker's name and date.

Enter Eligibility Worker Supervisor's name and date of review.

Documentation

Use this section if additional space is required to document action taken on the claim or to document other information required by the county.

Form Specific Modification Criteria

FOOD STAMP NOTICE OF ADMINISTRATIVE DISQUALIFICATION

DFA 377.7A (3/84)

Required Form - No Substitutes Permitted

- Placement - No modification permitted (Manual only).
- No modification permitted except those related to EDP requirements (EDP only).
- Language - No modification permitted except, on the back, the address for submitting a hearing request may be modified in counties with state hearing intake at the local level (EDP and Manual).
- Data Elements - No modification permitted (Manual only).
- No modification permitted except that all data elements need not appear on one form; i.e., computer prints out only applicable message(s), but all messages are contained in the computer program (EDP only).

FOOD STAMP REPAYMENT NOTICE

DFA 377.7B (3/84)

Required Form - No Substitutes Permitted

- Placement - No modification permitted (Manual only).
- No modification permitted except those related to EDP requirements (EDP only).
- Language - No modification permitted except, on the back, the address for submitting a hearing request may be modified in counties with state hearing intake at the local level (EDP and Manual).
- Data Elements - No modification permitted (Manual only).
- No modification permitted except that all data elements need not appear on one form; i.e., computer prints out only applicable message(s), but all messages are contained in the computer program (EDP only).

FOOD STAMP REPAYMENT AGREEMENT

DFA 377.7C (3/84)

Required Form - No Substitutes Permitted

- Placement - No modification permitted.
- Language - No modification permitted.
- Data Elements - No modification permitted.

CLAIM DETERMINATION WORKSHEET

DFA 842 (6/81)

Required Form - Substitutes Permitted

(No change to modification criteria.)